SIKKIM

GOVERNMENT GAZETTE

EXTRAORDINARY
PUBLISHED BY AUTHORITY

Gangtok **Tuesday, 22nd January, 2008** **No. 8**

GOVERNMENT OF SIKKIM
FINANCE, REVENUE & EXPENDITURE DEPARTMENT
GANGTOK-SIKKIM

No.267/FIN/PG,PF **Dated:17.01.08**

NOTIFICATION

In supersession of all previous Circulars on the subject, the State Government hereby prescribes the following forms with a view to simplify the procedure of drawal of Advance and Non-refundable withdrawals from the General Provident Fund Account of an employee of the State Government as under, namely:-

1. Form A - Application cum Bill Form for Refundable withdrawal of advance from General Provident Fund.

2. Form C - Application cum Bill Form for Non-refundable withdrawal of advance from the General Provident Fund.

This notification shall come into force with immediate effect.

By Order and the name of the Governor.

T.T. Dorjee, IAS,
Additional Chief Secretary,
Finance, Revenue & Expenditure Department.

FORM A

APPLICATION FOR TEMPORARY ADVANCE FROM PROVIDENT FUND

(Not Applicable to Officers of All India Services)

Bill No_____ **Date**_____

Major Head 8009 State Provident Fund

01 Civil – 101 – General Provident Fund - Temporary Advance from GPF

1. Name of Subscriber:
2. Designation :
3. Office : Department:
4. Account No:
5. Basic Pay: Rs._____only Rupees (_____)only
6. Amount of withdrawal required Rs._____only Rupees (_____)only
7. Purpose for which the withdrawal is required:
 (b) Rule under which the request is covered;
8. (a) If the withdrawal is sought for House Building/repairs etc.the following information may be given:
 (i) Location and measurement of the plot of house:
 (ii) Estimate cost of purchase/construction repairs:

 (b) If the withdrawal is required for education of children the following information may be given:
 (i) Name of the son/daughter:
 (ii) Name of the Institution/College where studying:
 (iii) Name of the course: Class:

 (c) If the withdrawal is required for medical treatment the following information may be given;
 (i) Name of the patient and relation:
 (ii) Name of the Hospital/Doctor where the patient is undergoing treatment:
9. Amount of the consolidated advance and number of monthly installment in which the consolidated advance is proposed to be repaid in_____installments Rs._____
10. Whether any withdrawal was taken for the same purpose earlier, if so indicate the amount and the year:

Signature of the Applicant
Date

Certified that the subscriber has the following balance at his credit as on_____2007

(ii) Closing balance at the end of previous financial year 2007 Rs _____only.
Rupees (_____) only
(ii) Advance/Withdrawal during the year_____ Rs._____) only.
(iii) Credit from. April 200_____ to March' Rs _____only
(v) Net balance at credit Rs _____only Rupees (_____
_____) only.

Signature with date
Drawing and Disbursing Officer
Seal with Code No.

Signature with date
Head of the Department
Seal

Sanctioned vide File No._____ dated_____

FORM C

APPLICATION FOR NON-REFUNDABLE WITHDRAWAL FROM GENERAL PROVIDENT FUND

(Not Applicable to Officers of All India Services)

Bill No_____ **Date**_____

Major Head Major Head 8009 State Provident Fund

01 Civil – 101 – General Provident Fund - Non Refundable Withdrawal from GPF

1. Name of Subscriber:
2. Designation:
3. Department: Office :
4. Account No:
5. Basic Pay :Rs_____only (Rupees_____)only
6. (a) Date of Appointment: _____
 (b) Date of Superannuation: _____
7. Amount of advance/ outstanding if any, and the purpose for which advance was taken by then:
 Advance taken Rs._____
8. Amount of withdrawal required Rs_____ only
 (Rupees_____)only
9. (a) Purpose for which the withdrawal is required
 (b) Rule under which the request is covered:
10. (a) If the withdrawal is sought for House Building/repairs etc.the following information may be given;
 (i) Location and measurement of the plot of house;
 (ii) Estimate cost of purchase/construction repairs;
 (b) If the withdrawal is required for education of children the following information may be given:
 (i) Name of the son/daughter:
 (ii) Name of the Institution/College where studying:
 (iii) Name of the course: Class:
 (c) If the withdrawal is required for medical treatment the following information may be given:
 (i) Name of the patient and relation:
 (ii) Name of the Hospital/Doctor where the patient is undergoing treatment:
1. Whether any withdrawal was taken for the same purpose earlier. If so, indicate the amount and the year: _____

Signature of the Applicant
Date.

Certified that the subscriber has the following balance at his credit as on_____2007

(i) Closing balance at the end of previous financial year 2007 Rs _____only.
Rupees (_____) only

(ii) Advance/Withdrawal during the year_____ Rs._____) only

(iii) Credit from. April 200 to March' Rs _____only

(iv) Net balance at credit Rs _____only Rupees (_____
_____) only.

Signature with date
Drawing and Disbursing Officer
Seal with Code No.

Signature with date
Head of the Department
Seal

Sanctioned vide File No._____ dated_____

FOR THE USE IN GENERAL PROVIDENT FUND SECTION OF FINANCE REVENUE AND EXPENDITURE DEPARTMENT)

B.R.NO._____

Date_____

Certified that the above mentioned details are correct and Rs. _____only

(Rupees _____ only) is passed for payment

Signature of Ledger keeper (Level I)

Entered in Expdt. Register Page No_____ (Temp.Adv./ Non-.Refundable / Final)

Pay Rs._____ only Rupees (_____

_____) only.

Signature of Sr. Accountant (Level II)

Signature and Designation of
D&DO. (Level III)

Cheque No_____

Date_____

Voucher No_____

Date_____

Signature of Cheque Writer (Level IV)

Signature and Designation of
D&DO. (Level V)

FOR THE USE IN GENERAL PROVIDENT FUND SECTION OF FINANCE REVENUE AND EXPENDITURE DEPARTMENT)

B.R.NO._____

Date_____

Certified that the above mentioned details are correct and Rs. _____only

(Rupees _____ only) is passed for payment

Signature of Ledger keeper (Level I)

Entered in Expdt. Register Page No_____ (Temp.Adv./ Non-.Refundable / Final)

Pay Rs._____ only Rupees (_____

_____) only.

Signature of Sr. Accountant (Level II)

Signature and
Designation of
D&DO. (Level III)

Cheque No_____

Date_____

Voucher No_____

Date_____

Signature of Cheque Writer (Level IV)

Signature and Designation of
D&DO. (Level V)